



PUBLIC INFORMATION REQUEST FORM

All requests must be in writing and directed to:
Public Information Request, PO Box 7765, Horseshoe Bay, TX 78657

or
Email: city@horseshoe-bay-tx.gov

Requestor's Name: _____

Organization (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Detailed Description of Information Sought: _____

Please Check One: I request a digital copy of the information to be sent to the above email address (if available)
 I request paper copies (please indicate the following): # of copies (\$0.10/each side page): _____
 I request only to view the information at City Hall (no hard copies needed)

City Staff Use Only

Date Received: _____ Received by (City Employee Name): _____

Deadline*: _____ Date Fulfilled _____ Fulfilled By (employee name) _____

Provided the requested information via email: _____

Provided the requested information for viewing at City Hall: _____

Provided hard copies of the requested information: _____

of pages (\$0.10/page): _____ Total Fee: \$ _____ Paid: \$ _____ Labor Hours: _____

(Two-sided documents count as two pages. Hard copies over 8.5" x 14", maps, plats, and other special size/type requests are subject to additional fees in accordance with the Texas Public Information Act.)

DATE

<input type="checkbox"/> Sent to Attorney	
<input type="checkbox"/> Requested Clarification	
<input type="checkbox"/> Received Clarification	
<input type="checkbox"/> Provided Cost Estimate	
<input type="checkbox"/> Received Cost Estimate Approval	
<input type="checkbox"/> AG Opinion Requested	
<input type="checkbox"/> AG Opinion # _____ Received	

NOTES: _____

* - Day after the request is received plus 10 days, not including holidays or weekends.